

# Short Stay Review Updates

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# Short Stay Review Pause

- **BFCC-QIOs received a “stop work” order from CMS on May 4, 2016**
  - Done to ensure consistency between contractors
  - Re-education on CMS policy directions was completed
  - Cases that were still “in process” were removed from provider samples and made payable under Part A
  - Cases that had “formal denials” were re-reviewed with outcome determinations sent to providers
- **BFCC-QIOs received instructions to resume processing Short Stay reviews on September 12, 2016**

# Claim Selection

- **Claim selection process has changed**
  - CMS will randomly sample the top 175 providers with a high or increasing number of Short Stay claims per Area and all other providers previously identified as having “Major Concerns” in the prior round of review
  - CMS did add the limitation on dates of service eligibility
  - CMS provides monthly total adjudicated Short Stay claims from which BFCC-QIOs draw samples
  - Parameters such as specific disposition codes, length of stay, and procedures have been included in the selection criteria in order to eliminate them from the universe

# Medical Records

- **BFCC-QIOs will request medical records:**
  - Providers have up to 45 days to submit medical records
  - Reminders to be sent at day 15
  - Reminders will also be provided during educational sessions
- **Medical records accepted via CMS-approved methods:**
  - esMD; encrypted CD; fax transmission – dedicated number established (844-242-2568); and hard copy

# Short Stay Reviews

- **BFCC-QIO will review the medical record to assess hospital compliance with:**
  - Admission order requirements
  - Two-Midnight benchmark
  - Reasonableness of inpatient admissions based on the information known to the physician at the time of admission

- **Admission order requirements:**
  - Inpatient admission order continues to be required for all admissions
  - Requirements found at: [www.tiny.cc/AdmissionOrder](http://www.tiny.cc/AdmissionOrder)
    - Must specify admission for inpatient services
    - Must be furnished by physician/other practitioner who is licensed by state to admit patient; granted hospital privileges to admit; and knowledgeable about patient's hospital course, medical plan of care, and current condition at time of admission

# Two-Midnight Benchmark

- **Two-Midnight benchmark, where expected length of stay less than two midnights:**
  - Unless admission involves services listed on the Inpatient Only List, Part A payment isn't generally appropriate for lengths of stay of less than two midnights
  - Under revised policy, admissions less than two midnights may be appropriate on a case-by-case basis where the medical record supports the physician's decision that patient requires inpatient care
  - BFCC-QIOs will consider: complex medical factors, severity of signs/symptoms, current medical needs, risk of adverse event to determine if medical record supports inpatient admission

# Two-Midnight Benchmark

- **Two-Midnight benchmark - expectation of a two or more midnight length of stay upon hospital entrance for:**
  - Surgical procedure(s)
  - Diagnostic testing
  - Other treatment
- **Is generally appropriate for inpatient payment under Medicare Part A, when the orders admission based on the expectation of (medically reasonable) hospital services to span two or more midnights**



# Unforeseen Circumstances

- **If unforeseen circumstances result in a stay less than two midnights, hospital payment may still be appropriate**
  - When patients are entering the hospital for procedures, testing, or other treatment and the physician expects hospital services to span two or more midnights and orders admission
  - Additional examples of such circumstances include but may not be limited to: patient death, transfer to another hospital, leaving against medical advice (AMA), clinical improvement, electing hospice care in lieu of continued hospital treatment

# Two-Midnight Benchmark

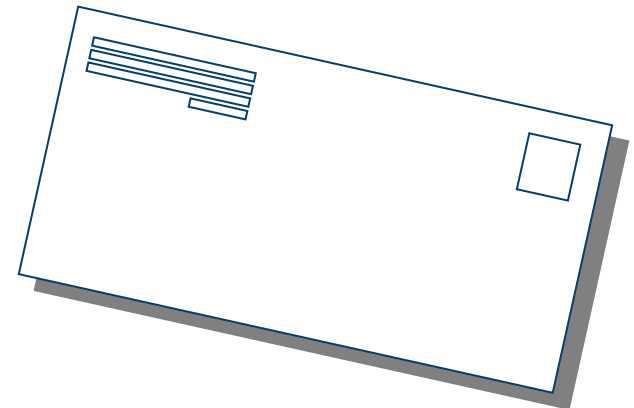
- **Two-Midnight benchmark, where length of stay expected to be greater than two midnights:**
  - Two-Midnight benchmark is based upon the physician's expectation of the required duration of medically necessary hospital services at the time the inpatient order is written and formal admission begins
  - Decision to keep beneficiary in the hospital and expectation of needed duration of care are based on complex medical factors – BFCC-QIO will consider such complex factors in making their determinations
  - Physicians need not include attestation of expected length of stay; this information may be inferred from medical documentation

- **Reasonableness of inpatient admission:**
  - BFCC-QIOs will continue to follow guidance to review medical reasonableness of inpatient admission
  - Based upon the knowledge the physician had at the time inpatient admission was written
  - “Supported by evidence of medical necessity and quality in such form and fashion and at such time as may reasonably be required by a reviewing QIO in exercising its duties and responsibilities...”

- **Reasonableness of inpatient admission:**
  - BFCC-QIOs will continue to follow CMS guidance that payment is prohibited for:
    - Care rendered for social purposes
    - Care rendered for convenience
    - Extensive delays in providing medically necessary care
    - Without accompanying medical conditions, factors that cause inconvenience in terms of time and money do not justify Part A payment for continued hospital stay

# Results Letter

- **BFCC-QIO mails results letter**
  - One letter per provider with results for all claims
    - Provide clinical rationale for all decisions made
    - Will be used as basis for open dialogue with providers during 1:1 educational sessions
  - Will inform providers of possible Technical Denials for all records not received



- **Results stratification**
  - Minor Concern:
    - Provider with an error rate of  $\leq 10\%$  and no pattern of errors
  - Moderate Concern:
    - Provider with an error rate of  $> 10\%$  but  $\leq 20\%$
  - Major Concern:
    - Provider with an error rate of  $> 20\%$

## ■ Provider education

- BFCC-QIO conducts provider outreach and education within 90 days of review completion
  - Dedicated nurse educators foster relationship building
  - Offers opportunity for hospitals to provide additional information which may be used by the BFCC-QIO for final determination
  - Opportunity to remind providers to submit records not previously submitted
  - CMS may participate in educational sessions

# Final Results

## ■ Final results

- BFCC-QIO will send a final results letter to providers
  - Reflects the status of all claims after the educational session
  - Provides information on next level of appeal if applicable





- **Next steps:**
  - BFCC-QIO forwards all non-compliant claims and/or missing medical record denials to the Medicare Administrative Contractor (MAC)
    - MAC has responsibility for making financial adjustments
    - Providers can appeal through the MAC
  - BFCC-QIO will refer non-compliant providers to Recovery Auditors (RA) as directed by CMS
    - Upload all reviewed claims into the RA data warehouse; suppresses claims from further review by RAs

- [www.keproqio.com/twomidnight](http://www.keproqio.com/twomidnight)
- Updates and information
- CMS resources
- FAQs
- Form to update your organization's contact information



# Questions



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